

Volunteer Services Agreement for Natural Resources Agencies*for Individuals or Groups**Please print when completing this form (Attach a separate sheet for those data that do not fit in the allowed spaces).*

Site Name Yosemite National Park		Agency Department of the Interior		Reimbursement (If any) None	
Name of Volunteer or Group Leader – Last, First, Middle		Age (If Individual Agreement) <input type="checkbox"/> Under 18 <input type="checkbox"/> 18-25 <input type="checkbox"/> 26-55 <input type="checkbox"/> 56 and Older			
Are you a U.S. Citizen? Yes No, Visa Type:	Email Address	Home Phone		Mobile Phone	
Street Address		City		State	Zip Code

IF VOLUNTEER IS UNDER AGE 18 – Name of Parent or Legal Guardian		Home Phone		Mobile Phone		Email Address	
Street Address		City		State		Zip Code	

I affirm that I am the parent/guardian of the above named volunteer. I understand that the agency volunteer program does not provide compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Federal employee. I have read the attached description of the work that the volunteer will perform. I give my permission

for _____ to participate in the specified volunteer activity sponsored

by Yosemite National Park at Yosemite National Park
 (Name of Sponsoring Organization, if applicable) (Name of Volunteer Duty Station)

From _____ To _____
 (Date) (Date) (Parent/Guardian Signature) (Date)

Emergency Contact Name		Home Phone		Mobile Phone		Email Address	
Street Address		City		State		Zip Code	

GOVERNMENT OFFICIAL COMPLETES THIS SECTION**Brief description of work to be performed.**

HapY Drop-in Program – Litter Cleanup

Volunteers will work with NPS and partner leaders to pick up litter and other debris in the park. Work will involve walking on uneven terrain, bending, lifting, using litter sticks and buckets, and carrying trash bags. Work will take place in changeable weather. Volunteers must follow all safety procedures and use any personal protective equipment provided. Volunteers should wear closed-toe shoes, long pants, and sun protection, and will provide their own water and snacks.

HapY Drop-in Program – RMS

Assist Resource Management and Science Division staff with restoration and vegetation projects. Work will include restoration of social trails leading to popular climbing routes in Yosemite valley, de-compaction of soil, transplanting of native plant materials, seed collection, mulching surveying vegetation, manual labor to remove invasive vegetation, making basic trail and/or erosion control improvements closing social trails and obstructing trail ruts. Volunteers will complete related task such as (but not limited to) loading, unloading and transporting tools and materials to and from the work site; digging, using specialized tools, extensive hiking & backpacking defining work to be done; cleaning up the work site and camp site. Tools utilized may include, but are not limited to, saws, hammers, shovels, rakes and picks.

Volunteers should dress appropriately for the work & weather, including work gloves, long pants, long sleeved shirt, eye protection, and sturdy shoes/boots etc. Work involves hiking over uneven, potentially rocky &/or wet, slippery terrain, crouching, bending over, and lifting up to 40 pounds or 1/3 body weight (whichever is less). Moderate physical exertion is required, potentially at high elevation. VIP should drink plenty of water to avoid dehydration, protect against exposure to elements (i.e. sunscreen, hat, protective clothing) and take breaks as necessary. Tools should be handled in a safe manner at all times. Volunteer should be aware of safety rules pertaining to the equipment utilized and maintain a "safety circle" when using tools. Damaged or unsafe equipment should be reported to the crew leader.

Government Vehicle required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Valid State Driver's License <input type="checkbox"/> International Driver's License
Personal Vehicle to be used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Please verify that the volunteer is in possession of one of these documents. DO NOT keep a copy of the document for his/her file.

Optional Form 301a (09/2010)

USDA-USDI

OMB 0596-0080 (Expires 8/2010)

I understand that I will not receive any compensation for the above work and that volunteers are NOT considered Federal employees for any purpose other than tort claims and injury compensation. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the government or I may cancel this agreement at any time by notifying the other party.

I understand that my volunteer position may require a reference check, background investigation, and/or criminal history inquiry in order for me to perform my duties.

I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the attached job description, will become the property of the United States, and as such, will be in the public domain and not subject to copyright laws.

I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statement I have checked below is true:

- ☐ I know of no medical condition or physical limitation that may adversely affect my ability to provide this service.
- ☐ I do know of a medical condition of physical limitation that may adversely affect my ability to provide this service and have explained it to _____

(Name of Agency Official)

I do hereby volunteer my services as described above, to assist in agency-authorized work. I agree to follow all applicable safety guidelines

(Signature of Volunteer)

(Date)

The above-named agency agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the work described above, and to consider you as a Federal employee only for the purposes of tort claims and injury compensation to the extent not covered by your volunteer group, if any.

(Signature of Government Representative)

(Date)

Termination of Agreement

Volunteer requests formal evaluation ☐ Yes ☐ No

Evaluation Completed _____
(Date)

Agreement terminated on _____
(Date)

(Signature of Government Representative)

Public Burden Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0080. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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Privacy Act Statement

Collection and use is covered by Privacy Act System of Records OPM/GOVT-1 and USDA/OP-1 and is consistent with the provisions of 5 USC 552a (Privacy Act of 1974), which authorizes acceptance of the information requested on this form. The data will be used to maintain official records of volunteers of the USDA and USDI for the purposes of tort claims and injury compensation. Furnishing this data is voluntary, however, if this form is incomplete, enrollment in the program cannot proceed.